

The Gaming Control Board has offices throughout the State. Please mark the following geographic area(s) in which you would be willing to work:

License/Certificates:

☐ Driver's License No. _____ State _____

Class _____ Expiration date _____

☐ Professional License/Certification/Registration:

EDUCATION**Elementary/High School:**

Name of school last attended _____

School address _____
Number Street City State Zip

Circle highest grade attended: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? ☐ Yes ☐ No

If you did not graduate from high school, do you have a certificate? ☐ Yes ☐ No
(If "Yes" complete the following.)

G.E.D. ☐ Other _____ Date received _____ Grade _____

College or University: (Please attach a copy of your college transcript.)

Name of school _____

School address _____
Number Street City State Zip

Date(s) attended: From _____ / _____ To _____ / _____
Month Year Month Year

Did you receive a degree? ☐ Yes ☐ No Degree _____ Year _____

Semester credits _____ Quarters completed _____ Major _____ Minor _____

Graduate School:

Name of school _____

School address _____
Number Street City State Zip

Date(s) attended: From _____ / _____ To _____ / _____
Month Year Month Year

Did you receive a degree? ☐ Yes ☐ No Type of degree received _____ Date _____

Work taken _____

Business, Trade, Technical, or Vocational School:

Name of school last attended _____

School address _____
Number Street City State ZipDate(s) attended: From _____ / _____ To _____ / _____
Month Year Month YearClass hours per day _____ Completed: ☐ Yes ☐ NoTitle of program or classes taken _____

_____**Special Training:***(Courses, seminars or classes including any P.O.S.T. course(s), related to position for which you are applying.)*

Course Title	Presented by	Dates		Hours Completed	Major Emphasis of Course
		From	To		

List professional societies, organizations, memberships and groups that are job related _____
_____List computer hardware and software in which you have experience _____
_____**EMPLOYMENT HISTORY****NOTE:** Beginning with your most recent employment, please complete the following information. If additional space is needed to list all of your past experience, please use additional paper maintaining the following format.From _____ / _____
Month YearTo _____ / _____
Month Year**Gross Annual Salary:**

Start: \$ _____

End: \$ _____

May we contact employer?

☐ Yes ☐ No☐ Full-time
(40 Hours per week)☐ Part-time
(_____ Hours per week)

Current or last employer _____

Your title _____

Address _____
Number Street City State Zip

Phone (_____) _____ Supervisor _____

Type of business _____ No. of employees
you supervised _____Duties _____

Specific reason for leaving _____

EMPLOYMENT HISTORY - (Continued)

From _____ / _____
Month Year

To _____ / _____
Month Year

Gross Annual Salary:

Start: \$ _____

End: \$ _____

☐ Full-time
(40 Hours per week)

☐ Part-time
(_____ Hours per week)

Employer _____

Your title _____

Address _____
Number Street City State Zip

Phone (_____) _____ Supervisor _____

Type of business _____ No. of employees
you supervised _____

Duties _____

Specific reason for leaving _____

From _____ / _____
Month Year

To _____ / _____
Month Year

Gross Annual Salary:

Start: \$ _____

End: \$ _____

☐ Full-time
(40 Hours per week)

☐ Part-time
(_____ Hours per week)

Employer _____

Your title _____

Address _____
Number Street City State Zip

Phone (_____) _____ Supervisor _____

Type of business _____ No. of employees
you supervised _____

Duties _____

Specific reason for leaving _____

From _____ / _____
Month Year

To _____ / _____
Month Year

Gross Annual Salary:

Start: \$ _____

End: \$ _____

☐ Full-time
(40 Hours per week)

☐ Part-time
(_____ Hours per week)

Employer _____

Your title _____

Address _____
Number Street City State Zip

Phone (_____) _____ Supervisor _____

Type of business _____ No. of employees
you supervised _____

Duties _____

Specific reason for leaving _____

If you are appointed to a Gaming Control Board position, it will be your responsibility to familiarize yourself with the restrictions, prohibitions and conditions of employment. Are you willing to proceed in obtaining this information?.....

☐

Yes

☐

No

A background investigation will be conducted in order to verify the accuracy and completeness of statements contained on the application and to obtain information relevant to predicting successful performance as a Gaming Control Board employee. Are you willing to accept this as a condition of employment?.....

☐

Yes

☐

No

I DECLARE MY ANSWERS to the questions on this application are true and correct to the best of my knowledge, and I have not omitted any information. I understand any false statement or omission of information may be cause for forfeiture on my part of all rights to any employment with the Gaming Control Board. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the State and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Applicant's Signature

Date